| Fill | in this information to identify your | case: | | | | | | | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------|------------------|-----------|-------------------------------|-----------------------|------------------------------------|-----------------|--|
| Deb | Debtor 1 Maria Delcarmen Rivera | | | | | | | | | |
| 0.000 | otor 2 use, if filing) | | | | | | | | | |
| Uni | ted States Bankruptcy Court for the | ne: MIDDLE DISTRICT O | F PENNSYLVANIA | | | | | | | |
| Cas | se number 5:19-bk-00989 | | | | Che | ck if this is: | | | | |
| (If kn | nown) | | . | | | An amende | d filing | | | |
| | | | | | | | | ing postpetition following date: | chapter | |
| <u>O</u> 1 | fficial Form 106I | | | | 33 | MM / DD/ Y | YYY | | | |
| So | chedule I: Your Ind | come | | | | | | | 12/15 | |
| sup _l | as complete and accurate as poplying correct information. If youse. If you are separated and you have a separated sheet to this form Describe Employmen | u are married and not filing wi our spouse is not filing wi on the top of any additi | ng jointly, and your ith you, do not inclu | spouse is li | ving with | h you, inclu ut your spo | ide info use. If n | rmation about ; nore space is r | your leeded, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 or non-filing spouse | | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | | ☐ Employed | | | ■ Employed | | | | |
| | | Employment status | Not employed | | | ☐ Not er | nployed | | | |
| | 2007 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - | Occupation | Homemaker | | | Hospita | lity | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | Belvede | ere Hote | el | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | <u></u> | 319w 48 New Yo | | 10036 | | |
| | | How long employed to | here? | | | 1 | 5 years | | | |
| Par | t 2: Give Details About Mo | onthly Income | | | | | | | | |
| | mate monthly income as of the use unless you are separated. | date you file this form. If | you have nothing to r | eport for any | line, wri | te \$0 in the | space. Ii | nclude your non | -filing | |
| | u or your non-filing spouse have r e space, attach a separate sheet t | | ombine the informatio | on for all emp | loyers fo | r that perso | n on the | lines below. If y | ou need | |
| | | | | | For De | ebtor 1 | | ebtor 2 or iling spouse | | |
| 2. | List monthly gross wages, sal deductions). If not paid monthly | lary, and commissions (be , calculate what the monthl | efore all payroll y wage would be. | 2. \$ | . | 0.00 | \$ | 4,771.00 | | |
| 3. | 3. Estimate and list monthly overtime pay. | | | 3. +\$ | § | 0.00 | +\$ _ | 0.00 | | |
| 4. Calculate gross Income. Add line 2 + line 3. | | | | 4. | δ | 0.00 | \$_ | 4,771.00 | | |
| | | × | | 10100 | | | W | | | |

| Debi | or 1 | Maria Delcarmen Rivera | - | Case number (if known) | 5:19-bk-00 | 989 |
|------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|---------------|-------------------------|
| | Сор | y line 4 here | 4. | For Debtor 1 \$ 0.00 | For Debtor | |
| 5. | | all payroll deductions: | | | | |
| J. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ 0.00 | \$ 1 | ,195.00 |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ 0.00 | \$ | 0.00 |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ 0.00 | \$ | 0.00 |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ 0.00 | \$ | 0.00 |
| | 5e. | Insurance | 5e. | \$ 0.00 | \$ | 0.00 |
| | 5f. | Domestic support obligations | 5f. | \$ 0.00 | \$ | 533.00 |
| | 5g. | Union dues | 5g. 5h.+ | \$ 0.00 | + \$ | 108.00 |
| | 5h. | Other deductions. Specify: | - | | 367 | 0.00 |
| 3. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$0.00 | - | ,836.00 |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | \$2 | ,935.00 |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | |
| | | monthly net income. | 8a. | \$ 0.00 | \$ | 0.00 |
| | 8b. | Interest and dividends | 8b. | \$0.00 | \$ | 0.00 |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0.00 | \$ | 0.00 |
| | 8d. | Unemployment compensation | 8d. | \$ 0.00 | \$ | 0.00 |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8e. 8f. | \$ 0.00 | \$ | 0.00 |
| | 8g. | Pension or retirement income | 8g. | \$ 0.00 | \$ | 0.00 |
| | 8h. | Other monthly income. Specify: 1/12th of tax refund (2018) | _ 8h.+ | \$ 0.00 | + \$ | 442.16 |
| €. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$0.00 | \$ | 442.16 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 0.00 + \$ | 3,377.16 | \$ 3,377.16 |
| 11. | Inclu | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not acify: | depend | | ed in Schedul | e J. +\$0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | \$3,377.16 |
| 13. | Dov | ou expect an increase or decrease within the year after you file this form | ? | | | Combined monthly income |
| | | No. | | | | |
| | | Yes. Explain: | | | | |
| | | | | | | |

Official Form 106I

| Fill | in this informa | tion to identify yo | our case: | | | i | | | | |
|-------------------------------------------------------------------------|---------------------------------|-------------------------------------|-------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Deb | otor 1 | Maria Delcarmen Rivera | | | | Ch | | | | |
| | | | | | | | An ar | mended filing | | |
| Deb | otor 2 | | | | | | | | ving postpetition chapte | er |
| (Spo | (Spouse, if filing) | | | | | | 13 ex | penses as of | the following date: | |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA | | | | | | | MM / | DD / YYYY | | |
| Cas | e number 5: | 19-bk-00989 | | | | | | | | |
| (If k | nown) | | | | | | | | | |
| | | | | | | | | | 8 | |
| O. | fficial Fo | rm 106J | | | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | | 1 | 2/15 |
| Be info | as complete a ormation. If m | and accurate as | possible. eded, atta | If two married people ar ch another sheet to this | | | | | | |
| Par | t 1: Descr | ibe Your House | hold | | | | | | | |
| 1. | Is this a join | t case? | | | | | | | | |
| | ■ No. Go to | line 2. | | | | | | | | |
| | ☐ Yes. Doe: | s Debtor 2 live i | in a separ | ate household? | | | | | | |
| | | 0 | | | | | | | | |
| | □ Ye | es. Debtor 2 mus | st file Offici | al Form 106J-2, Expenses | for Separate House | hold of De | ebtor 2. | | | |
| 2. | Do you have | denendents? | □ No | | | | | | | |
| ۷. | | | | | | | _ | | | |
| | Do not list De Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | | ependent's ge | Does dependent live with you? | |
| | 200101 2. | | | | STATE OF THE STATE | Alberta Scott | | | CONTRACTOR STATE | |
| | Do not state | | | | Daughter | | 2 | | □ No | |
| | dependents i | names. | | | Daughter | | | | Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes ☐ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ Yes | |
| | | | | | | | | | - 0.15 | |
| 3. | Do your ove | enses include | _ | | **** | | | | ☐ Yes | |
| J. | | people other t | han | No | | | | | | |
| | | l your depende | | Yes | | | | | | |
| Dor | + 2: Fotime | -t- V 0 | | | | | | | | |
| | | ate Your Ongoi | | y Expenses iptcy filing date unless y | ou are using this fo | orm as a c | unnlen | nent in a Cha | inter 13 case to renor | t |
| | | | | y is filed. If this is a supp | | | | | | |
| | licable date. | | | 50 5.080 | | | | 8,50 | | |
| Incl | luda avnanca | s paid for with . | non oach | government assistance it | . vou know | 936 | SHAUDUS | | General Control | |
| | | | | Juded it on Schedule I: Y | | | | | | |
| (Of | ficial Form 10 | 61.) | | | | | | Your expe | enses | |
| | | | | | | 10000 | | | Mean In the party of the Control of | |
| 4. | | r home owners d any rent for the | | ses for your residence. In | nclude first mortgage | e 4. | \$ | | 1,686.00 | |
| | 2 (2) | | s ground 0 | 100 | | *** | ** : | | | |
| | If not include | ed in line 4: | | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | | 0.00 | |
| | 4b. Proper | ty, homeowner's | s, or renter' | s insurance | | 4b. | \$ | | 0.00 | |
| | | | | pkeep expenses | | 4c. | \$ | | 100.00 | |
| | | owner's associat | | | 80 80 | 4d. | \$ | | 13.00 | |
| 5. | Additional m | ortgage payme | ents for vo | ur residence, such as hor | ne equity loans | 5. | S | | 0.00 | |

Official Form 106J

| Deb | otor 1 Maria I | Delcarmen Rivera | Case num | ber (if known) | 5:19-bk-00989 |
|-----|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|-------------------------------|
| 6. | Utilities: | | | | |
| ٥. | | ty, heat, natural gas | 6a. | \$ | 375.00 |
| | | sewer, garbage collection | 6b. | \$ | 70.00 |
| | 6c. Telepho | ne, cell phone, Internet, satellite, and cable services | 6c. | \$ | 190.00 |
| | 6d. Other. S | Specify: | 6d. | \$ | 0.00 |
| 7. | | sekeeping supplies | 7. | \$ | 800.00 |
| 8. | | d children's education costs | 8. | \$ | 0.00 |
| 9. | Clothing, laur | ndry, and dry cleaning | 9. | \$ | 125.00 |
| 10. | | products and services | 10. | \$ | 85.00 |
| 11. | | lental expenses | 11. | \$ | 75.00 |
| 12. | | n. Include gas, maintenance, bus or train fare. | | | |
| | Do not include | | 12. | \$ | 600.00 |
| 13. | Entertainmen | t, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| 14. | Charitable co | ntributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. | | | 3 | |
| | | insurance deducted from your pay or included in lines 4 or 20. | 2000000000 | | |
| | 15a. Life insu | | 15a. | *** | 0.00 |
| | 15b. Health in | | 15b. | · | 0.00 |
| | 15c. Vehicle | insurance | 15c. | | 100.00 |
| | | surance. Specify: | 15d. | \$ | 0.00 |
| 16. | | include taxes deducted from your pay or included in lines 4 or 20. | 90.6155 | 0.004 | 9-54 APPORTS |
| | Specify: | | 16. | \$ | 0.00 |
| 17. | | lease payments: | 70 7-1 00 | 2 10 | |
| | | ments for Vehicle 1 | 17a. | | 280.00 |
| | | ments for Vehicle 2 | 17b. | · | 0.00 |
| | 17c. Other. S | · · · | 17c. | | 0.00 |
| | 17d. Other. S | | 17d. | \$ | 0.00 |
| 18. | | ts of alimony, maintenance, and support that you did not report a | | c | 0.00 |
| 40 | | n your pay on line 5, Schedule I, Your Income (Official Form 106I). | . 10. | | |
| 19. | 2. 5 | nts you make to support others who do not live with you. | 40 | \$ | 0.00 |
| 20 | Specify: | | 19. | | |
| 20. | | perty expenses not included in lines 4 or 5 of this form or on Sch | 20a. | | 0.00 |
| | 20b. Real est | | 20a. 20b. | S | |
| | | , homeowner's, or renter's insurance | 20b. 20c. | | 0.00 |
| | | ance, repair, and upkeep expenses | 20d. | | 0.00 |
| | | vner's association or condominium dues | 20d. 20e. | | 0.00 |
| 0.4 | | | | × | 0.00 |
| 21. | Other: Specify | · | 21. | +\$ | 0.00 |
| 22. | Calculate you | r monthly expenses | | | |
| | 22a. Add lines | | | \$ | 4,599.00 |
| | 22b. Copy line | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | | 22a and 22b. The result is your monthly expenses. | | \$ | 4.599.00 |
| | 220. Add III C 2 | 22d and 22b. The result is your monthly expenses. | | <u> </u> | 4,399.00 |
| 23. | Calculate you | r monthly net income. | | | |
| | 23a. Copy lin | e 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 3,377.16 |
| | 23b. Copy yo | ur monthly expenses from line 22c above. | 23b. | -\$ | 4,599.00 |
| | | | | | |
| | | your monthly expenses from your monthly income. | | | 4 224 94 |
| | The resu | ult is your monthly net income. | 23c. | \$ | -1,221.84 |
| 24. | For example, do modification to the No. | t an increase or decrease in your expenses within the year after y you expect to finish paying for your car loan within the year or do you expect you ne terms of your mortgage? | | | ease or decrease because of a |
| | ☐ Yes. | Explain here: | | | |
| | ⊔ Yes. | схріані Лете. | *************************************** | | |

| Fill in this informa | ation to identify your | case: | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------|----------------|------------------------|-----------|--------------------------------------------------------------------|---|--|
| Debtor 1 | Maria Delcarmen | | | | | | | |
| Debtor 2 | First Name | Middle Name | Last | Name | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last | Name | | | | |
| United States Bank | kruptcy Court for the: | MIDDLE DISTRICT O | OF PENNSYLV | ANIA | | | | |
| Case number 5: | 19-bk-00989 | | , | | | Check if this is an amended filing | | |
| Official Form | MARK NOW | | | | • | | | |
| Declaration | on About a | ın Individua | al Debto | or's Sched | ules | 12/1 | 5 | |
| obtaining money o | or property by fraud i U.S.C. §§ 152, 1341, 1 | n connection with a ba | | | | ement, concealing property, or 00, or imprisonment for up to 20 | | |
| Did you pay o | or agree to pay some | one who is NOT an att | torney to help | you fill out bankrupto | cy forms? | | | |
| ✓ No ☐ Yes. Na | ✓ No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | | | | | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | | | | |
| | elcarmen Rivera of Debtor 1 | 4 | × - | Signature of Debtor 2 | | | | |
| Date Ap | oril 23, 2019 | | | Date | | | | |
| | | | | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy